

DEPARTMENT OF THE ARMY  
US ARMY MEDICAL DEPARTMENT ACTIVITY  
Fort Huachuca, AZ 85613-7079

MEDDAC Memorandum  
No. 420-1

18 August 2006

Facilities Engineering  
LIFE/FIRE SAFETY MANAGEMENT PROGRAM

	Para	Page
History-----	1	1
Purpose-----	2	1
Reference-----	3	1
Applicability-----	4	1
Policy-----	5	2
General-----	6	2
Responsibilities-----	7	3
Ongoing Monitoring of Performance-----	8	6
Building Design-----	9	7
Operating Features-----	10	8
Orientation and Education-----	11	12
Fire Drills-----	12	14
Emergency Procedures-----	13	14
Measurement Systems-----	14	16
APPENDIX A Interim Life Safety Matrix-----		A-1
APPENDIX B Interim Life Safety Policy-----		B-1
APPENDIX C Evacuation Summary-----		C-1
APPENDIX D Training Outline-----		D-1

1. HISTORY: This issue publishes a revision of this publication.

2. PURPOSE: To prescribe the policies and procedures for fire prevention and protection and to provide an organized plan for evacuation of Raymond W. Bliss Army Health Center (RWBAHC) and other MEDDAC buildings.

3. APPLICABILITY: This publication applies to all activities and personnel (including visitors, students and volunteers) within USAMEDDAC, DENTAC, Veteran Affairs and the Veterinary Clinic (here after MEDDAC will be used when referring to the afore mentioned activities), Fort Huachuca, AZ.

4. REFERENCE:

4.1 AR 420-90, current edition, Fire and Emergency Services,

4.2 JCAHO Standards, current edition, Management of the Environment of Care, Ambulatory Care.

4.3 NFPA 101, current edition, Life Safety Code.

4.4 NFPA 10, current edition, Standard for Portable Fire Extinguishers.

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\*This memo supersedes MEDDAC Memo 420-1, dated 04 March 2001.

4.5 NFPA 13, current edition, Standard for the Installation of Sprinkler Systems.

4.6 NFPA 25, current edition, Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems.

4.7 NFPA 30, current edition, Flammable and Combustible Liquids Code.

4.8 NFPA 70, current edition, National Electric Code.

4.9 NFPA 72, current edition, National Fire Alarm Code.

4.10 NFPA 80, current edition, Fire Doors and Fire Windows.

4.11 NFPA 90A, current edition, Standard for the Installation of Air Conditioning and Ventilating Systems.

4.12 NFPA 92A, current edition, Standard for the Installation of Smoke Control Systems.

4.13 OSHA 29 CFR 1910.38, current edition, Emergency Action Plans.

4.14 Guidelines for Construction of Hospitals and Health Care Facilities, current edition.

4.15 MEDDAC Memo 350-4, current edition, Training and Education.

4.16 MEDDAC Memo 420-5, current edition, Utilities Management Plan.

5. POLICY: The Life/Fire Safety Management Plan will include processes for establishing and maintaining compliance with Life Safety Code (LSC) standards regarding structural requirements for fire protection; inspecting, testing, and maintaining life/fire safety equipment systems, to include fire alarms, fire detection systems, and fire-extinguishing systems; the management of portable fire extinguishers; reviewing proposed acquisition of furnishings, bedding, and decorations for fire safety; evaluation and enforcement of interim life safety measures; and reporting and investigating LSC deficiencies, failures, and user errors. The Life/Fire Safety Management Plan establishes a life/fire safety orientation and education program; ongoing monitoring of performance regarding actual or potential risk related to the Life/Fire Safety Program; and emergency procedures for life/fire safety incidents.

6. GENERAL:

6.1 This management program establishes performance criteria to measure the ongoing effectiveness of the organization's Life/Fire

Safety Program. These organizational performance criteria are monitored and reported to the Safety Committee. An annual evaluation of the objectives, scope, performance, and effectiveness of the documented Life/Fire Safety Management Plan is completed at the conclusion of each calendar year. This is achieved by evaluating the program elements against the applicable Environment of Care standard to analyze if the intent of the standard was met. Additionally, the measure of ongoing performance is reflected within the program evaluation as a means of documenting improved program performance.

**6.2** The overall Life/Fire Safety Management Program is based on ongoing monitoring and evaluation of organizational experience, applicable law and regulation, and accepted practice. The management process involves a continuous assessment utilizing a plan, teach, implement, respond, measure/evaluate, and improve cycle encompassing the identification, analysis, resolution, monitoring and evaluation of life/fire safety related issues within the environment of care.

**7. RESPONSIBILITIES:** All personnel have the responsibility to ensure the Health Center and outlying clinics/buildings are maintained in a fire-safe environment of care.

**7.1** The MEDDAC Commander will:

**7.1.1** Provide a quality healthcare environment that protects patients, visitors, staff members, and property from fire and products of combustion.

**7.1.2** Support the program with available resources.

**7.1.3** Empower all personnel to ensure program compliance.

**7.2** The MEDDAC Deputy Commanders for Administration/Clinical Services/Health Services, Commander DENTAC, Chief Veterinary Clinic and the Chief of Veterans Affairs will:

**7.2.1** Maintain program compliance.

**7.2.2** Ensure their personnel are well trained and educated.

**7.2.3** Designate supervisory personnel responsible for compliance.

**7.3** Division/Department Chiefs will:

**7.3.1** Maintain life/fire safety program compliance.

**7.3.2** Develop department life/fire safety policy and procedures.

**7.3.3** Establish goals, performance improvement criteria, and methods of measuring the effectiveness of the department life/fire safety program.

**7.3.4** Appoint, on additional duty orders, a clinic or building fire marshal. This individual is normally the NCOIC of the activity or the senior ranking NCOIC in the building/section with at least one year retainability.

**7.3.5** Ensure the RWBAHC Fire Marshal trains the appointed department/clinic fire marshal within 30 working days of appointment.

**7.3.6** Ensure their personnel are well trained and educated.

**7.4.** Building/Section Fire Marshals will:

**7.4.1** Obtain training by the RWBAHC Fire Marshal within 30 working days of appointment.

**7.4.2** Provide department/clinic orientation training to all new personnel upon assignment to their work area and conduct ongoing refresher training, at least annually as a minimum to all staff members. Attendance roster will show names of all personnel attending and reason for absence if not signed in. Training will be documented according to MEDDAC Memo 350-4.

**7.4.3** A copy of documented training will be maintained in Safety Binder.

**7.4.4** Maintain one copy of the Fire Exit Evaluation Record (RWBAHC Form 411) conducted quarterly for patient care areas and annually for administrative areas in the Safety Binder for an interval of three years.

**7.4.5** Maintain one copy of the Fire Prevention Inspection Checklist (RWBAHC Form 504) conducted within the first five working days of the month in the Safety Binder for an interval of three years.

**7.4.6** Visually inspect all fire extinguishers within the first five working days of the month and annotate on the extinguisher tag they are in their designated place, not damaged, corroded, dented, the hose and nozzle do not have cracks, blockage or other damage, the extinguisher is not over or under charged, the plastic seal (wire retainer) is not broken and the pin is in its place, and access to the extinguisher is not obstructed or obscured from view.

**7.4.7** Prepare and maintain a department/clinic Fire Plan (Standard Operating Procedure (SOP)) addressing emergency procedures at a fire's point of origin, away from a fire's point

of origin, evacuation responsibilities, designated staff and patient relocation areas, building compartmentation, training and education for all personnel, fire hazards related to materials and processes personnel are exposed, and emergency drill evaluation.

**7.4.8** Initiate corrective action for deficiencies noted during fire prevention inspections or RWBAHC Fire Marshal site visits.

**7.5** The RWBAHC Fire Marshal will:

**7.5.1** Plan and direct the RWBAHC Life/Fire Safety Program.

**7.5.2** Develop, implement, and monitor local operation policies and procedures.

**7.5.3** Establish goals, performance improvement criteria, and methods of measuring effectiveness of the Life/Fire Safety Program.

**7.5.4** Advise the RWBAHC Safety Committee on requirements of the Life/Fire Safety Program.

**7.5.5** Provide fire prevention guidance and assistance to RWBAHC organizational elements within the Health Center and outlying clinics.

**7.5.6** Conduct surveys of the Life/Fire Safety Program and environmental surveys of RWBAHC organizational elements within the Health Center and outlying health clinics.

**7.5.7** Develop and/or conduct life/fire safety training.

**7.5.8** Conduct organization wide quarterly/annual fire drills.

**7.5.9** Approve Department/Clinic Fire Plans (SOPs).

**7.5.10** Coordinate life/fire safety matters with project managers and contractors.

**7.5.11** Evaluate applicable use of Interim Life Safety Measures and monitor the effectiveness of their implementation.

**7.5.12** Evaluate the objectives, scope, performance, and effectiveness of the Life/Fire Safety Management Plan annually.

**7.6** Chief, Logistics Division will: Implement procedures to ensure all proposed acquisitions of bedding, window draperies, other curtains, furnishings, decorations, wastebaskets, and equipment are reviewed for compliance with the NFPA 101 Life Safety Code and is coordinated with the Safety Manager.

## 7.7 Facility Management will:

7.7.1 Maintain all life/fire safety equipment systems through inspection, testing, and maintenance.

7.7.2 Monitor the operational and maintenance contractor for compliance with inspection, testing, and maintenance of applicable life/fire safety equipment.

7.7.3 Maintain access to current record drawings (or documents) addressing all structural features of fire protection maintained by the Directorate of Installation Support (DIS).

7.7.4 Develop and periodically update organizationwide Statement of Conditions (SOC) documents.

7.7.5 Periodically monitor and evaluate timeliness of Plan for Improvement (PFI) implementation.

7.7.6 Develop and maintain a PFI for identified Life Safety Code deficiencies.

7.7.7 Ensure all refurbishing and renovation projects are in compliance with LSC (NFPA 101, current edition) Standards regarding structural requirements for fire protection.

## 7.8 The Safety Manager will:

7.8.1 Maintain an organizationwide collection of information about deficiencies and opportunities for improvement from the Life/Fire Safety Management Program.

7.8.2 Maintain documented reports on findings, recommendations, actions taken, and results of life/fire safety improvements.

7.8.3 Incorporate adopted performance improvement criteria into the semi-annual/annual Safety and Environment of Care (EOC) environmental surveillance program to measure ongoing organizational performance that addresses life/fire safety as approved by the Safety Committee.

## 8. ONGOING MONITORING OF PERFORMANCE:

8.1 Ongoing monitoring of performance is utilized to assist the Life/Fire Safety Management Program in providing a functionally fire safe environment of care and protect patients, personnel, and visitors from fire and products of combustion. The specific items currently selected for monitoring encompass actual or potential risk related to one or more of the following areas as prioritized by the Safety Committee:

8.1.1 Staff knowledge and skill necessary for their role in managing the Life/Fire Safety Program;

8.1.2 The expected level of staff participation in Life/Fire Safety activities;

8.1.3. Monitoring and inspection activities;

8.1.4. Routine procedures for emergency and incident reporting specifying when and to whom reports are communicated; and

8.1.5 Inspection, testing, preventive maintenance of fire protection and life safety systems, equipment, and components.

8.2 Monitoring of performance is utilized to assist the Safety Committee in the prioritization of one or more performance improvement activities within the Environment of Care and recommended annually to the RWBAHC Executive Committee (EXCOM) in accordance with the Measurement Systems portion of the Life/Fire Safety Program.

## 9. BUILDING DESIGN:

9.1 Criteria used in designing the environment of care for the medical facility is NFPA 101, Life Safety Code (LSC), Current Edition, for newly constructed and existing buildings. The intent is that each building in which patients receive treatment is in compliance with the appropriate provisions of the LSC, or has a documented equivalency granted by the Joint Commission. For existing facilities, this is accomplished through periodic administrative rounds, the semi-annual environmental surveillance program, routine environmental surveillance, life/fire safety staff assistance visits, completion and updating of the Statement Of Conditions (SOC).

9.2 When problems are identified, a written Performance for Improvement (PFI) addressing all Life Safety Code deficiencies is identified in the comprehensive SOC.

9.3 The PFI indicates the following:

9.3.1 Corrective actions fully explained in writing.

9.3.2 Total cost of the corrective actions with a description of the source, availability, and commitment of funds.

9.3.3 Timetable of events for the PFI.

9.3.4 Evaluation of the need to implement Interim Life Safety Measures.

9.4 Additional criteria used is The Guidelines for Construction of Hospitals and Health Care Facilities, Current Edition, published by the American Institute of Architects for

newly constructed, renovated, or altered environment of care for buildings in which patients are housed overnight or receive treatment. Although these are not specifically Life Safety Code related, the references are included here as an appropriate point to reference design criteria. Guidance contained within this document is taken into consideration when the Ft. Huachuca Army Health Center initiates new construction, renovation, or alteration projects.

## 10. OPERATING FEATURES:

**10.1** The Directorate of Public Works (DPW) Post Maintenance Contractor is responsible for inspecting, testing, and maintaining fire protection and life safety systems, equipment, and components on a regular basis in accordance with standard EC.5.20. This responsibility entails ensuring the testing criteria for applicable systems is completed within the prescribed inspection frequencies. System failures and user errors are reported to Facilities Management in a timely manner or during regularly scheduled Operations & Maintenance meetings. Additionally, Post Maintenance Contractor will report any failures to meet the prescribed testing and inspection frequencies, as part of the preventive maintenance program. The preventive maintenance program is evaluated by the Facilities Manager at regular intervals or as new requirements are made available. Significant events or time sensitive issues are reported to the Safety Committee for organizational recording and ongoing monitoring purposes.

**10.2** Fire Alarm and Detection Systems: IAW NFPA 72, current edition

**10.2.1** Initiating devices:

**10.2.1.1** All supervisory signal devices are tested quarterly.

**10.2.1.2** All valve tamper switches and water flow devices are tested semi-annually.

**10.2.1.3** All duct detectors, electromechanical releasing devices, heat detectors, manual fire alarm boxes, and smoke detectors are tested annually.

**10.2.2** Occupant Notification Devices: All audible devices, speakers, and visible devices are tested annually.

**10.2.3** Emergency Forces Notification:

**10.2.3.1** The emergency forces notification system is tested quarterly. The fire alarm, detection, and automatic extinguishing systems transmit an alarm directly to the



installation fire department via an electronically monitored system supervised on a twenty-four hour basis.

**10.2.3.2** The fire alarm and detection systems are part of the critical utility systems covered under the referenced RWBAHC Memo 420-3.

**10.3** Automatic Fire-Extinguishing System: IAW NFPA 25, current edition.

**10.3.1** The automatic fire-extinguisher systems are inspected and tested annually with an annual preventive maintenance of applicable components. This includes main drain tests at all system risers and quarterly inspection of fire department connections.

**10.3.2** The extinguishing systems are part of the critical utility systems covered under the referenced RWBAHC Memo 420-3.

**10.4** Portable Fire Extinguishers:

**10.4.1** Facility Management, in conjunction with the Safety Manager, has the responsibility for maintaining all portable fire extinguishers annually. Maintenance is in compliance with the requirements established by NFPA 10, current edition. Outlying clinics are included in this process.

**10.4.2** Facilities Management will oversee the requirements of identification, placement, and acquisition of new fire extinguishers. The guidelines established by NFPA 10, current edition, are utilized for identification, placement, and use of portable fire extinguishers.

**10.4.3** The assigned fire marshal has the responsibility to perform visual fire extinguisher inspections. Portable fire extinguishers are inspected within the first five working days of each month and annotated on the inspection tag affixed to the extinguisher. Inspection is a "quick check" an extinguisher is available and will operate. It is intended to give reasonable assurance the extinguisher is fully charged and operable. This is done by ensuring the fire extinguisher is in its designated place and is maintained ready for use.

**10.5** Smoke Control System: IAW NFPA 90A and NFPA 80, current edition.

**10.5.1** The smoke management system is designed to minimize the transmission of smoke through the control of designated fans and/or dampers in the air-handling system.

**10.5.2** All fire and smoke dampers are operated to verify they fully close every four years.

**10.5.3** All automatic smoke detection shutdown devices for air handling equipment are tested annually.

**10.5.4** All horizontal and vertical sliding fire doors are tested for proper operation and full closure annually.

**10.6** Furnishings, Bedding, and Decorations:

**10.6.1** All draperies, curtains (including cubicle curtains) and other loosely hanging fabrics will be in compliance with provisions of NFPA 101 (LSC).

**10.6.2** Newly introduced upholstered furniture within the health center is purchased in accordance with provisions of NFPA 101. Logistics Division is responsible for management of all newly introduced furniture within the health center.

**10.6.3** Newly introduced furnishings and mattresses within the health center are purchased in accordance with provisions of NFPA 101. Logistics Division is responsible for management of all newly introduced furnishings within the health center. Facilities Management is responsible for acquisition and approval of interior floor finishes within the health center.

**10.6.4** Combustible decorations are prohibited in the health center unless flame-retardant or other approved materials, in accordance with NFPA 101.

**10.6.5** Soiled linen and trash collection receptacles within the health center are in accordance with provisions of NFPA 101. Logistics Division is responsible for maintaining soiled linen and trash collection receptacles within the health center. Environmental Services staff will remove trash daily in an effort to reduce and control accumulation of combustible material. Clinical staff are responsible for removal of soiled linen daily in an effort to reduce and control accumulation of combustible material. Logistic supply section will properly dispose of all flammable wastes in accordance with applicable law and regulation in an effort to control accumulation of flammable material. OSHA 29CFR 1910.38(b)(3)

**10.7** Portable space heating devices are prohibited in all areas of the health center to include out lying clinics, in accordance with NFPA 101.

**10.8** Storage Procedures:

**10.8.1** Hazardous areas are designed and constructed for the purpose of protection and control of fire and products of combustion. Hazardous areas are utilized for storage of medical supply, clean and soiled linen, oxygen cylinders, central locker rooms (not to include daily or shift use lockers), and medical

equipment. Rooms not properly protected are prohibited from use as storage locations. Mechanical rooms are not authorized locations for storage of combustible material or equipment.

**10.8.2** All flammable liquids are properly stored within an approved cabinet, meeting the requirements of NFPA 30. Limited quantities for "in use" purposes do not apply.

**10.8.3** Stacking and placement of items will not present an unsafe condition. As proper practice, personnel will continue to limit the amount of stored items in an effort to reduce and control amounts of combustible materials. For hazardous areas protected by an automatic sprinkler system, personnel will continually ensure that items are not stored within 18 inches of sprinkler heads.

#### **10.9 Interim Life Safety Measures:**

**10.9.1** Facility Management is responsible for oversight of the Interim Life Safety Measures Policy. The RWBAHC Fire Marshal and Infection Control Officer are responsible for evaluation of applicable measures and monitoring effectiveness of implementation. Project managers will ensure all applicable measures are implemented during construction activity and enforcement of contractors to maintain measures.

**10.9.2** Interim Life Safety Measures (ILSMs) is a series of 11 required administrative actions used to temporarily compensate for hazards posed by existing Life Safety Code (LSC) deficiencies or construction activities. The measures are evaluated for each proposed construction activity and incorporated into the requirements of the scope of work. Appropriate measures are implemented prior to commencing construction activities. The RWBAHC Fire Marshal will maintain the evaluations. The implementation of ILSMs is completed in conjunction with approval from the Safety Committee. The fire department is notified and a fire watch initiated whenever an approved fire alarm system or automatic sprinkler system is out of service for more than 4 hours in a 24-hour period.

**10.9.3** Appendix A is the criteria matrix utilized for the evaluation and extent to which the applicable ILSMs are implemented.

**10.9.4** Appendix B is the ILSMs Policy.

**10.10 Penetrations in Fire Barriers:** Facility Management is responsible for management of penetrations in fire barriers. Openings in fire barriers that allow passage of pipes, conduit, cables, wires, air ducts, and similar building service equipment shall be filled with a material capable of maintaining the fire resistance of the fire barrier. The medical facility is

periodically surveyed by both internal and external agencies to identify deficiencies. These deficiencies are then incorporated into the current plan for improvement.

## **11. ORIENTATION AND EDUCATION:**

**11.1** The RWBAHC Fire Marshal will provide life/fire safety training to assigned department/clinic fire marshals. Upon receipt of appointment orders, new fire marshals will report to the RWBAHC Fire Marshal within 30 working days for initial training.

**11.2** All new personnel will receive an initial life/fire safety department/clinic orientation conducted by the department/clinic fire marshal within 30 working days of reporting to work and as a minimum annually thereafter. This orientation will reinforce the organizational level life/fire safety training received at Newcomer's Orientation.

**11.3** A lesson plan on life/fire safety and training videos to supplement training needs is available for department/clinic trainers in the Safety Office or in METS. The lesson plan provides examples of performance improvement criteria for unit trainers to adopt. Appendix D contains the lesson plan. Contact the RWBAHC Fire Marshal for training videos or additional guidance on training requirements.

**11.4** To assess the effectiveness of training, the lesson plan includes a post test. The post test measures staff knowledge and expected level of staff participation within the Life/Fire Safety Program.

**11.5** Orientation and continuing education will ensure personnel can describe and/or demonstrate the expected level of participation within the Life/Fire Safety Program. Training will include at least the following:

**11.5.1** Know **R**escue **A**larm **C**ontain **E**xtinguish procedure.

**11.5.2** Know how to report a fire to the fire department.

**11.5.3** Know specific roles and responsibilities at a fire's point of origin for all personnel, to include volunteers and students.

**11.5.4** Know specific roles and responsibilities for all personnel, to include volunteers and students when away from a fire's point of origin.

**11.5.5** Know the location and how to use a portable fire extinguisher.

**11.5.6** Know locations, use, and function of the fire alarm system.

**11.5.7** Containment of smoke and fire.

**11.5.8** Know building protection and compartmentation features.

**11.5.9** Evacuation or transfer of patients, visitors, and staff to areas of assembly.

**11.5.10** Know specific roles and responsibilities in preparing for building evacuation.

**11.5.11** Know location and proper use of equipment for evacuation or transporting patients.

**11.5.12** Facility wide response to a fire.

**11.5.13** The Health Center's Tobacco Use Policy.

**11.5.14** Procedures to account for personnel and patients after an emergency evacuation is completed.

**11.5.15** Fire hazards related to materials and processes they are exposed to.

**11.6** Review emergency action plan with each employee upon assignment to an area, when responsibilities or actions in the plan have changed, or whenever the plan is changed, OSHA 29 CFR 1910.38 (a)(5)(1).

**12. FIRE DRILLS:** All personnel in all patient care buildings will participate in quarterly fire drills that test their knowledge of the use and function of fire alarm systems, transmission of alarms, containment of smoke and fire, building compartmentation, transfer to areas of refuge, fire extinguishment, assignment of specific duties, and preparation for building evacuation. The Fire Exit Evaluation Record (RWBAHC Form 411) is utilized to evaluate staff performance and participation during scheduled drills and actual alarm occurrences. Fire Marshals will provide a copy to the Safety Office, as soon as, after the completion of the fire drill and maintain copies for an interval of three years.

**13. EMERGENCY PROCEDURES:**

**13.1** At a Fire's Point of Origin:

**13.1.1 Rescue.** Help patient or person in danger. Close the door behind you. If you need help, shout for help.

**13.1.2 Alarm.** Activate the nearest fire alarm. Call the fire department, (911); give your name, rank, building number,

section, floor, and any other information; don't hang up the phone until instructed. Alarm activation sends a signal directly to the fire station.

**13.1.3 Contain.** Contain the spread of smoke and fire by closing room and corridor doors. Turn off lights to the room but leave corridor lights on. Remember to identify each room that has been cleared using your department/clinic's designated method.

**13.1.4 Extinguish.** Retrieve a fire extinguisher and attempt to put the fire out only when it is safe. Continue to evacuate as the situation demands.

**13.2 Away from a Fire's Point of Origin:**

**13.2.1** When the fire alarm is activated immediately follow R.A.C.E procedures. Alert all staff within your section of the potential emergency.

**13.2.2** Be prepared for loss of utility systems (water or electricity) and do not rush to any area to give assistance unless directed to.

**13.3 Area-specific Evacuation:**

**13.3.1** The senior person on duty will take charge of the situation and direct emergency procedures and will provide a report to the assembly point supervisor when all personnel are accounted for. Physicians will remain with patients and escort them to safety, otherwise, they shall proceed with the emergency procedures. Patients incapable of self-preservation will be defended in place and the determination to evacuate patients will be made by the attending physician or nursing personnel in charge. In this regard, patients undergoing surgical procedures or recovering from procedures are generally incapable of self-preservation and have special needs for transport to a safe haven. Determination of the need to evacuate will be made by the Commander and senior DAPS staff member via radio communication. The Department of Anesthesia and Perioperative Services (DAPS) rehearses the special evacuation procedures for this population on an ongoing basis.

**13.3.2** Follow caution and appropriate procedures when it is required to shutoff supplied oxygen in the event of an emergency. When patients are taken care of, the charge nurse makes the decision to have the oxygen valve closed.

**13.3.3** The attending health center staff will remove all wheeled carts from corridors immediately, in the event of an emergency.

**13.4 Building Evacuation:**

**13.4.1** The Commander (or designated Deputy Commander) has the authority to order a building evacuation. A life-threatening situation due to a fire will take precedence.

**13.4.2** All staff will report to their assigned point of assembly for accountability. When not within your assigned work area during a fire alarm go immediately to the nearest exit, then proceed to your assigned assembly area.

**13.4.3** Each section must account for all personnel to include patients, if applicable. The assigned assembly supervisor or the senior staff in his/her absence will account for each section and report to the Commander when all personnel are accounted for or if any personnel can not be accounted for. The fire department responds to the west side of the health center. See Appendix C for assigned assembly areas.

**13.4.4** Staff will not re-enter the facility until given the all clear from the fire department.

**13.5 Facility Wide Response:**

**13.5.1** Personnel will follow RACE procedures. Those at a fire's point of origin will call for help to summon assistance and then further implement RACE.

**13.5.2** Personnel away from a fire's point of origin will respond to an area only when directed, too many personnel on the scene will only confuse the situation.

**13.5.3** All personnel will remain at their assigned assembly area until the "**All Clear**" is given. Remember to stay calm and execute appropriate emergency procedures.

**13.6 Reporting Procedures:**

**13.6.1** Personnel will immediately report to the Installation Fire Department any incident involving a fire, regardless of size. Dial **911** from any phone.

**13.6.2** Report any Life Safety Code and/or fire protection deficiency, failure, or user error that may threaten the patient care environment in the event of a fire to the RWBAHC Fire Marshal for investigation. The RWBAHC Fire Marshal may be reached at telephone number 533-5909. In addition, personnel may report problem areas directly to the Facility Manager, 533-9028. Reporting, action, monitoring, and evaluation occur through the Information Collection and Evaluation System (ICES) as addressed in the Measurement portion of the Life/Fire Safety Management Program.

**13.6.3** Report any deficiency identified during routine environmental surveillance, semi-annual environmental

18 August 2006

surveillance, periodic administrative rounds, life/fire safety staff assistance visits, or updating of the Statement of Conditions to the operations and maintenance contractor for corrective action. Incorporate any corrective action beyond the scope of the base operations and maintenance contractor into the Plan for Improvement.

#### 14. MEASUREMENT SYSTEMS:

**14.1** The Life/Fire Safety Management Program is part of the organizationwide Information Collection and Evaluation System (ICES) for identifying and evaluating conditions in the environment of care. The ICES is used to aggregate information from the program. This is part of the Safety Manager's effort to direct an ongoing, organizationwide process to collect information about deficiencies and opportunities for improvement within the Environment of Care Management Programs. It includes summaries of problems, failures, user errors, and relevant published reports of hazards, as well as reports on findings, recommendations, actions taken, and results of measurement, all of which are presented to and discussed by the RWBAHC Safety Committee. Based on this ongoing monitoring of performance in each of the seven management areas, recommendations for one or more performance improvement activities within the Environment of Care are communicated at least annually to the RWBAHC Executive Committee.

**14.2** Monitoring of compliance satisfies legal requirements, tests the program against regulatory and performance criteria, and identifies opportunities for improvement. It also serves as a basis for the Safety Committee's annual evaluation of the objectives, scope, performance, and effectiveness of the Life/Fire Safety Management Program.

The proponent for this memorandum is the RWBAHC Deputy Commander for Administration. Users are invited to send comments and suggested improvements on DA Form 2028 directly to Commander U.S. Army MEDDAC, ATTN: MCXJ-SO, Fort Huachuca, Arizona 85613-7079

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# APPENDIX A INTERIM LIFE SAFETY MATRIX

Date: \_\_\_\_\_

Project: \_\_\_\_\_

Code Deficiencies											
	1	2	3	4	5	6	7	8	9	10	11
1 Exit stairs improperly discharges	X			X	X	X	X	X		X	X
2 Smoke/fire barrier is deficient					X		X		X	X	
3 Vertical opening is improperly protected					X		X				
4 Hazardous room is improperly protected					X		X				X
5 Corridor wall is deficient					X	X	X	X	X		
6 Excessive travel distance to an approved exit	X		X	X	X	X	X	X	X	X	X
7 Lack of two remote exits	X			X	X	X		X	X	X	X
8 .....											
<b>Construction Hazards</b>											
9 Significantly modifying a smoke/fire barrier	X	X		X	X	X	X	X		X	X
10 Constructing a building addition to an existing building	X	X	X	X	X	X	X	X		X	X
11 Significantly renovating an occupied floor	X	X	X	X	X	X	X	X		X	X
12 Blocking of an approved exit	X				X						X
13 Rerouting of traffic	X	X								X	
14 .....											
<b>Life Safety System Disruptions</b>											
14 Fire alarm system taken out of service			X			X		X		X	
15 Automatic sprinkler system taken out of service			X			X				X	X
16 Disconnecting alarm devices			X							X	
17 Shut off Building Utilities (Water, Gas, or Electric)			X							X	

The above matrix is utilized in evaluating the implementation of the appropriate ILSM. Good judgment and common sense should be utilized when evaluating this criteria. Criteria will be re-evaluated when changes occur within the construction/renovation project.

Appendix B  
Interim Life Safety Measures (ILSMs) Policy

1. Purpose. To maintain a safe, functional, and effective environment for patients, staff, and visitors when life safety is diminished because of Life Safety Code (LSC) deficiencies or construction activities. This SOP outlines procedures for implementing ILSMS, a series of 11 administrative actions to temporarily compensate for significant hazards posed by existing LSC deficiencies or construction activities.

2. Authority.

a. Joint Commission on Accreditation of Healthcare Organizations (JCAHO) CAMH, current edition

b. National Fire Protection Association (NFPA) 101, Life Safety Code, current edition

c. NFPA 241, Standard for Safeguarding Construction, Alteration, and Demolition Operations, current edition

d. 29 Code of Federal Regulations (CFR) Part 1926, Safety and Health Regulations for Construction, current edition

3. Responsibilities and Procedures.

a. The Facility Manager is responsible for oversight of this policy. The RWBAHC Fire Marshal is responsible for evaluation of identified LSC deficiencies and construction activities to decide when and to what extent one or more of the following are applicable (see Appendix A Interim Life Safety Measures Criteria Matrix):

(1) Ensuring free and unobstructed exits, including areas directly affected as well as other exits;

(2) Ensuring free access to emergency services; that vehicles, materials, etc., are not blocking access routes;

(3) Ensuring fire alarm, detection, and suppression systems are in good working order or providing temporary, equivalent systems when any fire system is impaired;

(4) Ensuring temporary construction partitions are smoke tight and built of noncombustible or limited combustible materials that will not contribute to the development or spread of fire;

(5) Providing additional fire-fighting equipment and training personnel in its use;

(6) Prohibiting smoking throughout affected buildings, and in and adjacent to construction areas;

(7) Developing and enforcing storage, housekeeping, and debris removal practices to reduce the building's flammable and combustible fire load to the lowest feasible level;

(8) Conducting a minimum of one fire drill per shift per quarter;

(9) Increasing hazard surveillance of buildings, grounds, and equipment, with special attention to excavations, construction areas, construction storage, and field offices;

(10) Training personnel to compensate for impaired structural or compartmentalization features of fire safety;

(11) Conducting Health Center-wide safety education programs to promote awareness of Life Safety Code deficiencies, construction activities, and ILSMs;

b. RWBAHC Fire Marshal establishes frequencies for carrying out each ILSMs. At a minimum, the Construction Manager will ensure, when applicable:

(1) Means of egress are inspected daily for reliability during construction;

(2) Temporary fire alarm, detection, and suppression systems are inspected and tested at least monthly;

(3) Two fire drills per shift per quarter are conducted in affected areas;

(4) A fire watch is provided whenever an approved fire alarm system or automatic sprinkler system is out of service for more than 4 hour in a 24-hour period in an occupied building.

c. The RWBAHC Facility Manager will implement a prioritized work accomplishment program to ensure timely correction of LSC deficiencies.

d. The Construction Manager will coordinate ILSMs activities between the safety manager, facility manager, fire marshal, security officer, infection control officer, department chiefs of affected areas, public works department or contractors, and the fire department.

e. The RWBAHC Fire Marshal ensures ILSMs are documented and will maintain the evaluations. The evaluations/reports are included in the Health Center's Information Collection and Evaluation System (ICES).

18 August 2006

f. The Safety Committee will review plans for improvement, construction activity progress and effectiveness of ILSMs at least once every four months.

APPENDIX C  
EVACUATION ASSEMBLY AREAS AND DIAGRAM

BUILDINGS 45001, 45022 and 45006 Assembly Areas

ASSEMBLY AREA	SUPERVISOR	ACTIVITIES
1-Blue West end patient parking lot across from north stairs	NCOIC, Behavior Health	2 <sup>nd</sup> Floor, and Bldg 45006.
2-Yellow West end of grass area across from main entrance	NCOIC, PAD	3rd Floor, Command Group, PAD, Pharmacy
3-Red East end of grass area across from prime time entrance	NCOIC, FCC or Imm/All	Immunization/Allergy Clinic, Pediatrics, Family Care Clinic
4-Pink Across back parking lot east end	NCOIC, LOG	Logistics, Warehouse, Company/METS and IMD
5-Green Across back parking lot west end	NCOIC, Specialty	Specialty Clinic, VA, OR/PACU/CMS (if ordered to evacuate)
6-Tan Adjacent to smoking pavilion	NCOIC, Radiology	Library area, Radiology, Pathology

Note: All other buildings will have a designated assembly point and the NCOIC is responsible for patient and staff accountability.



APPENDIX D  
Sample Life Safety Training Outline

1. General:
  - a. MEDDAC Memorandum 420-1;
  - b. Department/Clinic, Building, and Section Fire Marshal.
2. Fire prevention:
  - a. Good housekeeping, reduce fire load by minimizing storage of flammable substances;
  - b. Proper storage of flammable substances;
  - c. Proper electrical safety, authorized personal appliances;
  - d. Tobacco Use Policy;
  - e. Flammable gasses and other department specific fire hazards;
3. Life safety related equipment (locations and uses):
  - a. Portable fire extinguishers-Locations and Uses -
    - (1) How to use. P-A-S-S: Pull the pin; Aim the extinguisher; Squeeze the discharge handle; Sweep across the fire.
    - (2) Monthly inspections.
  - b. Pull stations;
  - c. Oxygen shut-off valves;
4. Procedures during fire alarm/drills:
  - a. Required frequency of drills and documentation required. Should be treated like real alarms as they are training for an actual alarm;
  - b. Immediate Individual Procedures. R-A-C-E: Rescue, Alarm, Contain, Extinguish or Evacuate;
  - c. Means of notification (alarm, etc.);
  - d. Evacuation. Routes, Exits, Assembly Areas.

5. Procedures for patient evacuation (if applicable).
6. Interim life safety measures (ILSMs) for life/fire safety deficiencies or construction/renovation.
7. Other life/fire safety issues relevant to specific activity.
8. Evaluation Method -
  - a. Written test, oral test, and/or demonstration;
  - b. Measured effectiveness of training (pass/fail rate);
  - c. Copy of test, questions, or specific reference to standards used for demonstration.



Sample Life Safety Training Post Test

1. R.A.C.E. stands for what?

R. \_\_\_\_\_

A. \_\_\_\_\_

C. \_\_\_\_\_

E. \_\_\_\_\_

Where is the nearest fire Extinguisher?

Where is the nearest Fire Alarm Pull Station?

Is there a code for fire?

What is the Fire Department Emergency Phone number?

Where is your nearest Fire Exit?

Where is your section's Fire Evacuation Meeting Point?

Where are the smoke doors located in your area?

Signature: \_\_\_\_\_ Date: \_\_\_\_\_